



BECKWITH HOCKEY CAMP 2018 REGISTRATION FORM

First Name: _____ Last Name: _____

Age (years): _____ Sex (M or F): _____

Date of Birth (mm/dd/yyyy): ____ / ____ / ____

Home Phone #: _____

Email Address: _____

HEALTH CARD # _____

MEDICAL CONCERNS:

(medications, allergies, previous injuries, mental or emotional disorder or other conditions)

Years Played Hockey: _____ Level Played in 2017/2018 _____
(eg. Atom B):

EMERGENCY CONTACT INFORMATION

Parent/ Guardian's Name(s) & Phone Number(s):

Name: _____ Work #: _____ Cell #: _____

Name: _____ Work #: _____ Cell #: _____

ALTERNATIVE CONTACT:

Name: _____

Relation: _____

Telephone #: _____

Please sign and date that the above information is correct.

Signature of Parent/Guardian: _____

Date: _____

MAILING ADDRESS:

By signing this form, I, the undersigned parent/guardian, consent to the above named to participate in various on/off ice activities conducted by the Township of Beckwith. By signing this form, I the undersigned parent/guardian, hereby waive, release and forever discharge all present and future actions, suits, demands and other liability which I and or my child may have against the Township of Beckwith its employees, officers, directors, instructors, and or agents from all liability arising from my child's participation in all on/off ice activities conducted by The Township of Beckwith.

By signing this form, I, the undersigned parent/guardian, release the Township of Beckwith from any liabilities resulting from injuries or accidents that may have occurred to the above named participant.

By signing this form, I, the undersigned parent/guardian, will not hold responsible for any loss of equipment or injuries that may result in the performance of any activities either on-ice or off-ice to the above named participant. Each player must wear full CSA approved hockey equipment.

By signing this form, I the undersigned parent/guardian agree that all of the information contained in this registration form (current and reverse side) is correct and accurate.

I, the undersigned do hereby permit Beckwith Township to use, without restriction or remuneration, for education, promotion, or player/camper recruitment programs, any videotape, photographs, or electronic medium taken by a photographer on behalf of Beckwith Township, or a Beckwith Township staff member.

Name of Parent/Guardian (Print): _____

Signature: _____ Date: _____

Please indicate your Childs T-Shirt Size:

Youth Small Youth Medium Youth Large Adult Small